



Massachusetts Board of Registration in
Pharmacy

250 Washington Street
Boston, MA 02108-4619

Tel: 617-973-0960

Fax: 617-973-0980

TTY: 617-973-0988

pharmacy.admin@mass.gov

Pharmacy Initial Closing Notice

To be submitted at least 14 days prior to closing.

Name of Pharmacy:	License No:
Address:	City:
Manager of Record (MOR):	MOR License No:
Telephone Number:	Email:
Anticipated Closing Date:	
Intended procedures for closing the pharmacy, including customer notification:	
Receiving Pharmacy (name, address, phone):	Receiving Pharmacy License No:
MOR of the Receiving Pharmacy:	Receiving MOR License No:



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Pharmacy Final Closing Notice

This form is to be submitted within 10 days after closing.

Please enclose license cards with this form.

Name of Pharmacy:	License No:
Address:	City:
Manager of Record (MOR):	MOR License No:
Telephone Number:	Email:
Actual Closing Date:	
Receiving Pharmacy (name, address, phone):	Receiving Pharmacy License No:
Date transfer took place:	
MOR of the Receiving Pharmacy:	Receiving MOR License No:
<p>I attest that all controlled substances have been transferred or disposed of in accordance with applicable state and federal statutes and regulations.</p> <p>MOR Name: _____</p> <p>MOR Signature _____ Date _____</p>	